



**TOWN OF SOLON**  
*Office of the  
Municipal Clerk & Tax Collector*

*APPLICATION FOR A  
CERTIFIED COPY OF A  
DEATH RECORD*

\$15.00 for first copy, \$6.00 for each additional copy of the same record purchased at the same time.  
*Cash, check, credit & debit card accepted. Make check payable to "Town of Solon"*

Please fill in the following information for location and record identification.

**\*\*PLEASE PRINT\*\***

Full Name of Decedent: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Number of Copies Requested: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Indicate your Relationship to the person on requested record below:

- |  |  |
|--|--|
| <input type="checkbox"/> Spouse                      | <input type="checkbox"/> Descendant                                    |
| <input type="checkbox"/> Registered Domestic Partner | <input type="checkbox"/> Attorney of person on record                  |
| <input type="checkbox"/> Parent                      | <input type="checkbox"/> Genealogist ID # _____                        |
| <input type="checkbox"/> Guardian                    | <input type="checkbox"/> None of the above (short form will be issued) |

*By signing below, I swear/affirm that the information above is true and correct.*

Applicant Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

*Below line is for Clerk's use only* \_\_\_\_\_

**Proof of identity of applicant:**

*Applicant must provide one of these:*

- |   |                                   |  |
|---|-----------------------------------|--|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Passport | <input type="checkbox"/> Government issued picture I.D |
|---|-----------------------------------|--|

***OR two of these:***

- |  |  |
|--|--|
| <input type="checkbox"/> Utility bills   | <input type="checkbox"/> DD 214                    |
| <input type="checkbox"/> Bank statements   | <input type="checkbox"/> Hospital; birth worksheet |
| <input type="checkbox"/> Vehicle registration  | <input type="checkbox"/> License/rental agreement  |
| <input type="checkbox"/> Income tax return   | <input type="checkbox"/> Pay stub                  |
| <input type="checkbox"/> Personal Check w/ address                                   | <input type="checkbox"/> W-2                       |
| <input type="checkbox"/> A previously issued vital record                            | <input type="checkbox"/> Voter Registration card   |
| <input type="checkbox"/> Department of Corrections I.D.                              | <input type="checkbox"/> Disability award from SSA |
| <input type="checkbox"/> Social Security Card  | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> Letter from government agency requesting record (DHHS, WIC) |  |

**Establishing eligibility to acquire record:**

- ☐ Related applicants must provide proof of lineage.
- ☐ Domestic Partners must provide proof of registration of domestic partnership
- ☐ Attorneys must provide a signed, notarized release from family
- ☐ Genealogists must provide a state-issued card

Do not retain copies of proof provided or note any specific numbers

Issuing Clerk's Initials \_\_\_\_\_